All About
Value Plans

maryland health connection℠

What are value plans?

Value plans are health plans that offer lower deductibles and useful coverage for more health care services before your deductible is met. Value plans are designed to lower your out-of-pocket costs for the health care services the majority of people use most frequently.

How can I tell which plans are value plans?

All value plans have included "Value" in the plan names you will see when shopping on Maryland Health Connection.

What's covered and how much does it cost?

All value plans include physician visits and generic drugs before you have met the deductible. Gold and silver value plans also cover additional services before deductible, including urgent care and specialist visits.

When choosing a health insurance plan, it's important to look at what costs you will be responsible for and what costs the insurance company will cover. All value plans are required to cover core benefits with a copay before you meet your deductible, and preventive services are free.

Plan Metal Level	Bronze	Silver	Gold
Deductible	**No cap on deductible**	**Up to $3000**	**Up to $1000**
Services offered before deductible	• All primary care visits with copay of not more than $40 • Outpatient mental health/substance use disorder visit with copay of not more than $40 • Generic drugs with copay of not more than $20	Offered with copays before deductible: • Primary care visit • Urgent care visit • Specialist care visit • Outpatient mental health/substance use disorder visit • Laboratory tests • X-rays and diagnostics • Generic drugs Included free: • Diabetic supplies (insulin, glucometers, and test strips)	Offered with copays before deductible: • Primary care visit • Outpatient mental health/substance use disorder visit • Urgent care visit • Specialist care visit • Laboratory tests • X-rays and diagnostics • Generic drugs Included free: • Diabetic supplies (insulin, glucometers, and test strips)

Understanding your health insurance

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent, versus copayment paid at the time of service.

Copayment: A fixed amount you pay for a covered health service, usually when you receive the service.

Core benefits will be covered partially by the insurance company. These include: doctor visits, hospitalization, emergency care, maternity and newborn care, pediatric care, prescription drugs, lab tests and more.

Deductible: How much you have to spend for covered health services before your insurance company pays anything.

Out-of-pocket maximum: The most you have to spend for covered services in a year. After you reach this amount, the insurance company pays 100% for covered services.

Preventive services are free when you see a doctor in your network, including wellness visits, shots and screenings.

Where can I compare all the value plans side by side?

You can use the "Compare Plans" feature while you are shopping for a health plan on MarylandHealthConnection.gov.

When you shop for a plan through MarylandHealthConnection.gov, you can review exactly what is covered, and the costs for specific medical services.